PRIVACY RELEASE AUTHORIZATION

I, hereby authorize Congressman Lloyd Doggett, in accordance with the Privacy Act of 1974, Public Law 93-579, to inquire on my behalf and authorize the agency listed below to release information to Congressman Doggett or his staff concerning my request for assistance:

SSA	Veterans	Immigration		Dept. of State
Medicare	Denefits/healthcare	Dapplication processing		□immigrant visa
DOL	military pay	detention/removal		visitor visa
USPS	Durials/memorials	IRS	_	□passport
Other	 medals/awards	(tax year)		

PLEASE PRINT THE FOLLOWING INFORMATION (if applicable):

Name	Social Security#
Address	Alien /Receipt/Case #
City, State, Zip	VA Claim#
Evening Phone	Date of Birth
Daytime Phone	Fax
Cellular Phone	Email
Are you facing a deadline? yes / no	When?
Are you currently being represented by an attorney re If Yes, please provide attorney's name and co	egarding this matter? yes/ no ontact information:
Have you contacted my office before about this matt Briefly explain the issue in which you are requesting a	
Signature	Date
Please attach the most recent correspondence you have received regarding this case. Feel free to use other side or additional pape	
For Bexar, Comal, & Mail to: U.S. Rep. Lloyd Doggett, 217 W Travis St, Sa For Travis, Hays, &	n Antonio, TX 78205-1421 or Fax to: (210) 299-1442

Mail to: U.S. Rep. Lloyd Doggett, 300 East 8th St, Suite 763, Austin, TX 78701-3275 or Fax to: (512) 916-5108